

Rhode Island Department of Health

**Communicating about Bioterrorism:
Report on Focus Groups with the General Public and
In-Depth Interviews with Representatives of Special
Populations in Rhode Island**

November 2002

Prepared by Policy Studies Inc.

**Focus Groups on Bioterrorism
with the Residents of Rhode Island**

Report of Findings

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EXECUTIVE SUMMARY

The Rhode Island Department of Health (HEALTH) is upgrading public health preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. As part of this process, HEALTH is developing a comprehensive risk communication plan.

This report presents findings from focus groups conducted by Policy Studies Inc. (PSI) with the general public in Rhode Island. The goal of the research was to determine public information needs before, during and after a bioterrorism emergency. Following the research stage, PSI will work with HEALTH staff to prioritize the target audience(s), and develop, produce, and distribute educational materials.

Summary of Findings

Public perception of public health emergencies and bioterrorism

Focus group participants associated **disaster, danger, disease, and virus** with the phrase “public health emergency.” Some thought of a specific epidemic such as meningitis or West Nile virus, and potential routes for disease transmission. Participants associated “bioterrorism” with **a disease or virus**, many mentioning specific agents such as **smallpox** and **anthrax**. Many thought of **chemical warfare** or a **nerve agent**, and some thought about a **bomb** or **nuclear attack** when they heard both terms.

Public concern about bioterrorism in Rhode Island

A majority of focus group participants said **they were concerned about a bioterrorism emergency occurring in Rhode Island**. Many stressed that while Rhode Island may not be a specific target, a bioterrorist agent in another state could affect Rhode Island’s residents. Many participants said they were **not doing anything about their concerns because they do not know what to do**. A few reported that they have **reduced traveling, are more alert in public, or started collecting emergency supplies in their houses**.

Perception of Rhode Island’s preparedness

Focus group participants were split regarding their opinions about the state’s bioterrorism preparedness. **Many believed the state is not prepared** because they haven’t seen any information through media outlets. Some thought it was **impossible for any state to be prepared**. Some participants in the 36-54 and 55+ age groups said **they have faith in HEALTH and the state government to plan and respond appropriately** in the event of a bioterrorist emergency.

Information about state bioterrorism preparedness

Almost all focus group participants wanted to know **how the state is preparing to respond** to a bioterrorist emergency. Many said they would like **basic information** about what the state is doing **without too many details**. Many agreed it would comfort them to know about Rhode Island’s plans to handle an attack or threat, as well as plans for communicating with the general public before and during such an emergency. Many wanted additional information on how

schools and hospitals are preparing. Some Spanish-speaking and African American participants said they were worried that they **wouldn't have equal access to medical care and information** during a bioterrorist emergency.

Information about bioterrorism before an emergency

All participants wanted information on bioterrorism now, before a specific threat. But participants were divided on the type and amount of information with which they felt comfortable. Many feared that making **too much information available would help terrorists and alarm the public**. Almost all wanted information **on where to go and what to do** in the event of an emergency. Many participants wanted information about **specific bioterrorism agents**. Many participants in the 55+ age group said they wanted to know the location of the nearest **shelter**.

Information about bioterrorism during and after an emergency

All participants wanted to know **what to do and where to go** during a bioterrorist emergency. In addition, they wanted to know about the agent involved, how to protect themselves, and treatment/vaccination options.

How residents want to learn about bioterrorism before an emergency

Focus group participants want to learn about bioterrorism through a **variety of media**. In general, participants want to hear the information from **government spokespeople at federal, state and local levels; television and radio personalities; and printed materials or the Internet**. Participants do not want to hear about bioterrorism from their medical providers. Except for the African American group, participants also do not want to hear about bioterrorism from religious or other community leaders.

How residents want to learn about bioterrorism during and after an emergency

Almost all focus group participants said that **television and radio** were the best ways to reach them in the event of a bioterrorist emergency. Many participants, particularly in the older groups, said that in addition to using mass media the state should consider using **sirens or mega-phones attached to police cars** to deliver information in an emergency. All agreed that they want to see an **"official"** delivering information about a bioterrorist emergency, such as the President, Rhode Island's Governor or a military official.

Information during previous public health emergencies

During the 2001 anthrax scares and previous public health emergencies in Rhode Island, most focus group participants got their information from **television news and newspapers**. Most felt the **media communicated effectively** about protective measures. There were **mixed perceptions about the reliability** of the information – some participants felt it was rushed and inconsistent, while others found it acceptable. Most participants were nervous about the mail during the anthrax scares but didn't take protective measures. Many participants did, however, take the recommended protective measures during previous public health emergencies (e.g., meningitis and West Nile virus) in Rhode Island.

Public compliance with state requests during a bioterrorist emergency

Almost all focus group participants said **they would comply with “reasonable” requests** made by the state. Most said that their actions would **depend on the situation**, and wanted an explanation as to **why certain actions would protect their health**. The majority of participants said they **would not comply with state requests if they had to stay away from children and other loved ones**.

Recommendations

Findings from focus groups indicate there are public information needs about bioterrorism that HEALTH should consider to effectively communicate with Rhode Island residents before and during a bioterrorist emergency. Key issues to address include:

Public education about bioterrorism and bioterrorism preparedness. PSI recommends that HEALTH consider developing materials addressing the public’s desire for basic information. A secondary goal of the public information campaign would be increasing the public’s understanding and trust in Rhode Island’s public health infrastructure.

1. *Increase the public’s understanding of a bioterrorist event* as a crisis that could involve a great deal of ‘unknown’ over a prolonged period of time. There are clear information needs to help the public, particularly older residents, distinguish between a biological, chemical and nuclear attack.
2. *Develop information about what HEALTH is doing to prepare for bioterrorism*, including an introduction to the preparedness work that states are doing around the country. In addition, HEALTH could provide an overview of Rhode Island hospital and medical provider preparedness, the state’s vaccine situation, early detection systems, and basic roles and responsibilities of HEALTH and other state departments. Special emphasis should be placed on the goal of equal access to medical care during a bioterrorist event regardless of race, language issues or ability to pay.
3. *Develop information about what the public can do to prepare for a bioterrorist emergency*. HEALTH might want to recommend that families approach bioterrorism preparedness like any other emergency, gathering basic supplies such as water and a first aid kit. Stress that individual actions in a bioterrorist emergency will depend on the specifics of the situation; recommended actions may also depend on an individual’s location, job, and activities. Therefore it is impossible to outline safe places or courses of action ahead of time. However, the public should be informed about where to get such information during an emergency, and know that HEALTH is the most appropriate source of information.

Format and distribution of public education materials. During a bioterrorist emergency, it is clear that mass media is the most appropriate vehicle for disseminating information quickly to the public. However, it is not clear that television and radio are the most appropriate media for delivering messages about bioterrorism preparedness *before* an emergency. While television and radio might be used to promote messages about Rhode Island public health preparedness, it is clear from the focus groups that many people want to have something “to refer to” in the event of a bioterrorist emergency. HEALTH may want to consider delivering print materials directly to

each household. Alternatively, print materials can be available to the public through newspaper inserts, supermarkets, pharmacies, and on HEALTH's website.

Delivering consistent messages through the media. Rhode Island residents have experienced television, radio and newspaper reporting on past public health emergencies as sometimes conflicting and uninformative. In an emergency, inconsistent messages from the media could exacerbate public panic or misinform the public about appropriate containment and prevention measures. For these reasons, PSI recommends that HEALTH begin to develop a relationship with local and regional media outlets. The goal of reaching out to Rhode Island media is to ensure that during a bioterrorist (or other public health) emergency, the public is getting consistent, up-to-date messages. HEALTH might approach the media as a partner in educating the public, preventing public panic, and maximizing the state's response to a bioterrorist event.

INTRODUCTION

Since the 2001 terrorist attacks in New York City and Washington, D.C., and subsequent anthrax events throughout the country, states have been upgrading their public health preparedness for and response to bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies.

Like other states, Rhode Island is the recipient of a Public Health Preparedness and Response for Bioterrorism grant from the CDC. As part of its preparedness planning under this grant, the Rhode Island Department of Health (HEALTH) is developing a comprehensive risk communication plan. The goal of the planning process is to ensure adequate communication with the general public and special populations in Rhode Island before, during and after a bioterrorism emergency.

In order to determine what type of information Rhode Island residents want before, during and after a bioterrorism emergency, Policy Studies Inc. (PSI) conducted 12 focus groups with the general public in 7 locations across the state.

This report presents what Rhode Island residents want to know about:

- Bioterrorism before, during and after an emergency
- What the state is doing to prepare for a bioterrorist emergency

The report also describes:

- Whom Rhode Island residents trust to deliver information before, during and after a bioterrorist event
- Preferred vehicles/formats for receiving information about bioterrorism
- Public perception of Rhode Island's readiness to respond

Based on these findings, PSI will work closely with HEALTH to determine next steps for a public information campaign on bioterrorism.

METHODOLOGY

During October 2002, PSI conducted twelve focus groups with 112 residents of Rhode Island. Overall, the participants ranged in age from 18 to 79. To account for age-related differences in the results, PSI grouped participants into three age ranges: 18-35, 36-54, and 55+. In an effort to capture differences due to geographic location, the focus groups were held in seven cities and towns throughout the state (see Figure 1). Participants were recruited from areas surrounding these cities and towns. To explore possible differences along racial or ethnic lines, PSI also conducted one focus group with African Americans in Providence and two groups (age 18-35 and 36-54) with Spanish speaking participants, also in Providence.

Figure 1: Locations of Focus Groups With General Public of Rhode Island



The composition of the twelve groups was as follows:

Focus Location	Group Age range	# Participants
Providence	18-35	8
Providence	36-54	9
Providence	55-79	11
Providence (Spanish-speaking)	18-35	8
Providence (Spanish-speaking)	36-54	10
Providence (African American)	36-54	10
Smithfield	55-75	12
Narragansett	36-54	8
Westerly	55-73	13
Middletown	18-35	7
Coventry	36-54	11
North Kingstown	18-35	5

Each focus group lasted approximately 90 minutes. PSI developed a moderator's guide—that was translated into Spanish for the two Spanish-speaking group—to facilitate the groups (see Appendix A).

THE RESIDENTS OF RHODE ISLAND AND BIOTERRORISM

To begin the focus group discussion, PSI asked participants to talk about their perceptions of:

1. A public health emergency; and
2. Bioterrorism.

After giving brief definitions of “public health emergency” and “bioterrorism” (see Appendix A for the moderator’s guide), PSI asked participants about:

3. Concerns regarding a bioterrorist attack in Rhode Island, and what they are doing about these concerns; and
4. Perceptions of how prepared the state of Rhode Island is to respond to a public health emergency and to provide accurate information to the public in the event of an emergency.

Most participants associated **diseases, viruses, chemical warfare, and terrorism** with ‘public health emergency’ and bioterrorism. A few mentioned emergency communication channels and emergency responders.

Most participants said that they are **concerned to some degree** about the possibility of a bioterrorist attack happening in Rhode Island, either because of its size and the Naval War College, or because the eastern seaboard and the entire nation are at risk. Some people said they are **not very concerned** about an attack happening in Rhode Island because they think the state is too small and insignificant. Most participants said that they **do not know** what to do about their concerns. Some mentioned the media (e.g., TV, newspapers) as sources for information.

The participants were **split** on the question of **whether Rhode Island is prepared** to respond to a bioterrorist emergency and to provide accurate information to the public in the event of such an emergency. Most participants agreed that there is not any information available from the government. Some people commented that they have not seen any evidence of preparation in the news, so they do not think the state is prepared. Others stated that they have confidence in the government, and they think that programs for protection and response planning are in place.

Public Perception of “Public Health Emergency”

Focus group participants were asked what they associate with the term ‘public health emergency.’ Many participants thought of generalities such as “*disaster*,” “*emergency*,” and “*danger*.” Most participants, except for two of the three 55+ groups, said a *disease* or *virus*.

“Definitely a disease outbreak, some sort of health issue that affects a lot of people in the area.”

Some participants specifically thought of an epidemic. Commonly cited biological agents were meningitis, smallpox, and anthrax. A few participants also mentioned West Nile Virus, tuberculosis, and polio.

In addition, some participants expressed concern about the modes of transmission of biological agents and how far they would spread. Many participants thought about the spread of an illness through “tainted” water; some participants worried about food contamination. Other modes of transmission mentioned were spraying or crop-dusting, release of an airborne agent, and infection through coughing.

“Yes. What concerns me, I would wonder how far spread it would be, the endemic or epidemic, how far the certain issue or problem would disperse.”

“Mine would be widespread food poisoning, either from an airborne virus or somebody purposely tainting the food.”

Many focus group participants associated chemical warfare with a public health emergency: some mentioned nerve gas or gas poisoning, and a few participants pictured putting on a gas mask. Some participants in the 55+ age range thought of air raids and shelters. Participants also cited general acts of terrorism including 9/11 and the sniper in the metro DC area. A few participants in the 18-35 age range and the Spanish-speaking group specifically mentioned Osama bin Laden and the Middle East. One commented, *“Terrorists. That’s what I think of.”*

Furthermore, several participants thought of emergency communication channels including television, the emergency broadcast system, and sirens (participants aged 55+). A few participants in the 18-35 age range pictured emergency responders: the Red Cross, the national guard, the police, and the fire department.

Very few participants associated natural disasters with a public health emergency. The participants who mentioned natural disasters—from Westerly, Coventry, and Narragansett—listed tornadoes, hurricanes, storms, and floods.

“Couldn’t it be anything, like a hurricane, tornado, or anything?”

Some participants associated certain emotions with a public health emergency. Commonly cited emotions were: panic, fear (of risk or harm), uncertainty, and horror.

Public Perception of “Bioterrorism”

When asked what they associate with the term bioterrorism, almost all focus group participants said a *disease* or a *virus*. They commonly cited smallpox and anthrax as examples, and one person in the 18-35 age range said the black plague and Ebola. Additionally, a few participants in the Providence area thought of vaccination or immunization against possible viruses.

As with the term public health emergency, many participants also thought of modes of transmission for these agents. More participants across the board expressed concern about the possibility of water contamination. Some participants also worried about the contamination of food and the release of a viral agent in the atmosphere.

“It’s easy with bioterrorism, they could kill our streams and our lakes, and where we get our fresh water. It’s very easy to do there because nothing is around there.”

Many participants associated chemical warfare with bioterrorism. Participants listed the following modes of attack: poison gas, a nerve agent, bombs, the atomic bomb, missiles, and Agent Orange.

“Poison gases, chemical warfare, that sort of thing. That is a big threat now, bigger than it was before. It is history repeating itself.”

A few participants thought of general acts of terrorism; they mentioned 9/11, Iraq, and “Middle Eastern terrorism.”

Many participants thought about what their concerns and questions would be during a bioterrorist emergency. They stated that they would want to know the severity of the situation, what they should do, and where they should go. Several participants expressed concern for how their families would fare in the event of an attack. They were concerned about preparation for and their own protection during such an attack.

“When I hear that [bioterrorism] I think I would have to batten down the hatches and prepare my home as a safe zone to listen to the radio.”

A handful of participants also thought about whether the government would be prepared for a bioterrorist attack.

General words that participants associated with bioterrorism were: *threat, danger, catastrophe, hurt, and death*. The following exchange demonstrates the emotions and concerns that many participants reflected in response to this question:

Person 1: “They’re setting out to hurt us.”

Person 2: “To kill us, wherever they can.”

Person 3: “They don’t like us.”

Concern About Bioterrorism in Rhode Island

A majority of focus groups participants expressed concern about a bioterrorist attack happening in the state of Rhode Island. However, the degree of concern varied across the groups. Some participants are greatly concerned about the possibility of RI being attacked. Many of these participants mentioned that Rhode Island houses the Naval War College and that there are attractive targets in surrounding areas, such as the submarine base in Connecticut.

“I think being a smaller state will make us far more manageable as well as being surrounded by the bases, the war college...”

Most really concerned participants cited the small size and population of RI as prime reasons to attack the state. They fear that the low but dense population of RI would make a small-scale attack easier and more effective because it would make a large impact on the nation.

“Because with such a small state, it could make a statement. They could wipe out Rhode Island. It would be a snap.”

“It’s so small. One little thing could wipe out the whole state.”

In addition to the ease of attacking a small state, some participants believe that a sneak attack is easy because of the state’s (any state, not just RI) inability to maintain constant vigilance over the water and food supply.

“If you ever travel down the Scituate Reservoir, it is so accessible, dropping something in there and that aspect is expanding so easily.”

A few participants emphasized that terrorists may pick Rhode Island because the state does not expect an attack.

“I think it’s [nice] if you tell yourself that Rhode Island is a safe city [state], but I think there is no city [state] safe from terrorism. There is no safe haven.”

In addition, most concerned participants believe that Rhode Island may be a secondary target for a larger attack on either the eastern seaboard or the entire nation.

“My concern is: what if they were just going to start from New York, and just go all the way up the eastern seaboard from there?”

“I think we have to be just as concerned as any other place in the United States.”

“They are not going to pinpoint a little place or a big place. We are all in this together.”

Furthermore, some participants who are very concerned said that the government is ill prepared for a bioterrorist emergency and that citizens are not prepared to protect themselves in such an eventuality. A few participants want the government to show overt signs of preparation, such as greater security at airports, gas stations, and water reservoirs so the public can rest assured that plans are in place for an emergency.

“I mean, we won’t know when it’s going to come and when it’s going to not. We really have no way to prepare ourselves.”

“If we don’t have anything available, we’re doomed. There is nothing anyone can do about it.”

Many focus group participants who are concerned to a lesser degree stated that although a threat exists, the nation cannot worry constantly: *“life goes on.”*

"I think the threat is real, but I don't live every day like that, worrying about it. But I definitely think that after September 11, we would be ignorant to think that something like this couldn't happen."

Most of these participants are more worried about an attack in a surrounding state leading to "downdraft" or fall-out to Rhode Island.

"But as a prime target, no, I am not concerned about that. I think the residual effect from somewhere close by would be devastating."

A few participants explained that they are not overly worried because a large-scale bioterrorist attack would be difficult to carry through for most terrorist groups.

"It's going to be a tremendous situation for them to cover the east coast. If anything happens, it will be an isolated situation at best."

Some participants expressed that they are not worried about Rhode Island experiencing a bioterrorist attack. They commonly cited the small size and economic insignificance of Rhode Island as reasons for their skepticism.

"I think that Rhode Islanders take themselves a little too seriously. Why would they go to all the trouble of poisoning this little, insignificant area of the United States when they have New York, California, Chicago, big areas?"

"Actually, what have we got to offer? We haven't got nothing. It's not like before, when there was a lot of industry here."

"Let's say I was a terrorist. Where would I want to target? I sure as hell probably wouldn't want to target Rhode Island because Rhode Island doesn't really have any significance. That's exactly why they went and hit New York and especially that's why they hit the twin towers is because they knew that was what all Americans look up to. So what better way to take down their spirits?"

Most groups reported a mixture of the above responses. Within each group, most participants seemed concerned to some degree, and a few seemed not very concerned. One group in the 18-35 age range, however, consisted of a large majority of participants who are not much concerned. In addition to the reasons stated above for lack of concern, one person commented:

"I guess because I'm young, I think that nothing bad will happen to me."

At the other extreme of the spectrum, one person expressed a sense of hopelessness about the whole situation.

"My feelings on the subject is if they've made up their mind to get us, they're going to get us."

What Rhode Island Residents Are Doing About Their Concerns

The focus group participants were asked what they are doing about their concerns regarding the possibility of Rhode Island experiencing a bioterrorist emergency. Many participants responded that they are not doing anything because they do not know what they—or in some cases, anyone—can do to prepare for such an attack in advance.

“I don’t think there is [something one can do to prepare]. Even if there is a fall-out shelter, you have to get out some time. You have to get out. And there is no way anyone will survive this.”

“You can’t worry about something that you have no control over.”

“I don’t think that you can really do anything. Just go on with your life as best you can.”

The feeling of “life goes on” resonated with a few participants. One participant commented:

“The threat is always out there. I feel that the threat of a bioterrorist attack is maybe just as great as getting hit by a car, or getting a diagnosis of a fatal illness... I don’t know if I can say it’s statistically likely, but my life is good and I’m going along day to day, and nothing has really changed in my life.”

Some participants felt that they are not doing anything because they do not know what to do. Many participants with this belief hold the media and/or the government responsible for the public’s ignorance. They feel that the public would know what to do—how to prepare for a bioterrorist attack—if the government were better at relaying its plans and instructions through the media to the public.

“They don’t tell us anything, so why should we worry more?”

“Wondering. That’s all you can do.”

“I don’t know what to do.”

In the same vein, several participants expressed concern over what the government is doing to prepare for the situation. A few participants reflected that something bad needs to happen before the government will start preparing for bioterrorism.

Some participants reported that they are doing something about their concerns. Almost all groups except for the 55+ group in Providence replied that they are referring to the media in some way for information. Only the African American group indicated that they are speaking to their community organizations about their concerns. They named the Urban League and the Amos House specifically.

A few participants in Providence responded that they have stopped traveling, especially flying. A handful of participants commented that they are more aware of their surroundings, and ready to

report suspicious activity. A couple of participants mentioned keeping a stash of supplies in the basement:

"I've started my home stash in my basement. Of things, like, it hasn't grown too much. It started immediately after September 11th, packing things away in the basement, food wise, that kind of thing, but I haven't done a lot more in that area. But that was one of my things. Okay, I can try and do that."

Some participants reported talking to friends and family about their concerns, while others felt that such discussion would be pointless and might just lead to more tension and panic.

"I just think there is no way that if we get nuked, or if there is an airborne virus, there is nothing you can do to protect yourself. You can talk to your neighbors. You can talk to your friends. That's not going to keep you safe."

When asked whether they are talking to their doctors about their concerns, most participants responded with a resounding no. Many participants explained that they rarely see their doctors, and when they do see them, it is for one short session. A couple of participants commented that they do not have health insurance, and hence they do not have a doctor. Most participants also do not think that their doctors have relevant information about bioterrorism. A few participants do not see any reason to talk to their doctors at all, as captured by the following exchange:

Moderator: "Is anybody talking to their doctor?"

Participant: "Why do you ask that question?"

Perception of Rhode Island's Preparedness

Focus group participants were split on the issue of whether the state of Rhode Island is prepared to respond to a bioterrorist emergency. Some participants thought that the state is not prepared. Many of these participants believe that Rhode Island is not alone in this predicament; they don't think anyone can be prepared for a bioterrorist emergency. Due to the nature and range of attacks possible in the case of bioterrorism, these participants think that it is impossible to be prepared. One or two compared preparing for bioterrorism to preparing for a natural disaster.

"I don't think they can be too ready for it because there are so many possible ways they could attack us with bioterrorism; Anthrax, smallpox, meningitis. I'm sure there are others out there. And they can't be prepared for all of them at once. They can be prepared that we might be attacked by something...But then they would have to find out what it was, and then go from there."

"I think, for every state to spend 'x' amount of dollars on everything that they could think of to protect us with... I can't see how every state would be prepared for that."

"Does anyone else feel like me, that there isn't a hell of a lot you can do?"

Many participants believe that the state is not prepared because they have not seen evidence of preparation through any media outlets. Some participants wondered why the state would not disseminate information about its plan to respond to a bioterrorist emergency if it in fact has a plan. The natural conclusion for them is that there is no information available to the public because there is no information to be given out.

“They haven't prepared us. All they do is tell us we're on orange alert. The whole country is on orange alert, but they're not doing anything to protect the citizens. Like he said, they should be here, at least handing out smallpox shots and gas masks. Even if it will only help us for a couple of days, until we could get to a safe place. They are doing absolutely nothing as far as I'm concerned; from what I've read, from what I've watched on TV, to the political arenas I've been watching. They are unprepared.”

Participants in the Spanish speaking groups felt marginalized by the government, and they felt singled out from the rest of the Rhode Island public as being completely uninformed about issues concerning bioterrorism and security. One person commented, *“They treat us as if we were the terrorists. They want to deport us for any little thing.”*

A few participants—especially participants in the 36-54 and 55+ ranges—were specifically concerned that the state will not have enough vaccines for its entire population in the event of an attack. One person in the 55+ range believed that doctors hoard flu shots for certain patients, and a few participants stated that rich participants, or participants with health insurance, would be taken care of first.

A few participants believe that the state is preoccupied with other matters and therefore has not expended its energies preparing for an attack. One or two participants commented that preparation for an attack takes a back seat to politics, and a few of the African American participants expressed that the state is currently concentrating on other problems, particularly the crime rate.

“Right now in Providence, I think they are somewhat worried about the crime. I don't think they are thinking too much really about what we are going to be doing.”

Several participants, notably in the younger population (ages 18-35) and in the African American population stated that they do not have faith in the state's ability to deal with a bioterrorist attack. Some believe that state agencies are incompetent, and many stated that the government is reactive; they believe it will only start preparing after something happens.

“I get the impression that it is on certain people's minds but until something actually happens, that is when it will come to court. Other than that, it is still kind of not so much a dead issue but something dormant.”

“What makes me nervous is as a whole the government in this state is so corrupt they can't get their act together with anything, to organize anything. When it comes to something like this, how organized could they be?”

A few participants stated that the state cannot deal with a large-scale attack and it will require the aid of the federal government to respond to an emergency.

“I don’t think Rhode Island per se is prepared to deal with it. I think the United States government is prepared to deal with it a lot better than we think.”

On the other hand, many participants in the 36-54 and 55+ categories stated that they have faith in the government of Rhode Island and in the Department of Health. Many participants who have faith in the state believe that there is research and preparation happening somewhere.

“I think I have enough faith in the Department of Health and the participants that I work with [medical providers] and the media to bring attention to the public when needed to get them enough help.”

“I think they are doing things about it. They are planning.”

“Right, and along with that I feel like the state and the local police departments in association with FEMA are all manning together to come up with a plan along with the government at the state and local level.”

Some participants reasoned that the government has not shared its work in order to deter terrorists from garnering information about the government’s capabilities.

“I think the state has certain plans of action in place, and I’m sort of glad that they don’t let it out publicly. Because one of my angers is that too much is said on the news.”

A few participants in the Providence area commented that they have seen some signs of preparation in the media and they think that security at the airports has improved.

When asked whether they think the government is prepared to provide accurate information to the public in the event of a bioterrorist emergency, most focus group participants replied that information on the emergency would undoubtedly spread through TV and word of mouth. However, regarding the state’s ability to provide **accurate** information, participants said that they do not know because the state has not disseminated any information. Several participants believe that the government hides information in order to decrease panic. A few participants think that the government would withhold important information in order to contain the spread of a virus, even if that meant advising certain people to do the opposite of what they should do.

WHAT RHODE ISLAND RESIDENTS WANT TO KNOW ABOUT BIOTERRORISM AND BIOTERRORISM PREPAREDNESS

Focus group participants were asked what they want to know about:

- 1) Steps the state is taking to prepare for bioterrorist threats or emergencies;
- 2) Bioterrorist emergencies BEFORE a specific threat or emergency; and
- 3) A bioterrorist emergency DURING and AFTER a real emergency.

Across all focus groups, participants said they want **basic information about bioterrorism**. Many said that they want to know **where to go and what to do** in the event of a bioterrorist emergency. However, many participants expressed worry about providing too much information to the public. Participants were concerned about causing public alarm and equipping terrorists with information that could be used against the state.

Information about state bioterrorism preparedness

Almost all participants wanted to know how the state is preparing to respond to a bioterrorist attack. Many stated that they have not heard anything about the state's plans to prepare for bioterrorism, and they would like some **basic information about what the state is doing**. Many agreed it would comfort them to know about Rhode Island's plans for an attack or threat, as well as plans for communicating with the general public before and during such an emergency.

"[I want to know] really anything because they haven't told us anything that they are doing."

"I think what would ease the public's mind is the public knowing that there are programs in place."

"I think I could at least expect from my leaders or the agency to know... how are they going to get the word out, what media are they going to use. How are they going to get the people that don't watch TV or may not be listening to the radio? Do they have a plan in place?"

Almost all participants reported feeling personally unprepared to deal with a bioterrorist emergency. Many participants seemed to connect the *state's* level of preparedness with their *individual* level of preparedness. In talking about the type of information they want about the state's plans for bioterrorism, many participants said they also want specific information about what the state would recommend during and before an emergency, including where shelters or "safe zones" are located and whether gas masks will be available.

"[I want to know] specifically where to go. What are they doing about it? Right now I don't think any of us know what to do. I don't even think the state knows what to do."

“I would like to see the politicians get up on television and explain what's going on, and tell each state where we should go, what we should prepare for, so we know that someone is there watching out for us and we're not hung on a string waiting, and no one is going to help us.”

“They should have classes to educate the people so they wouldn't have fear. With education you eliminate the fear.”

Many participants want additional information on how schools and hospitals are preparing.

“The more I think of it, it has to be massive hospital coordination is what has got to be one of the most important things. How are they training all the nurses and doctors? And medical technologists?”

Some Spanish-speaking and African American participants said they are worried that they won't have equal access to medical care and information during a bioterrorist emergency. A few other participants wondered if vaccines and treatment would be only distributed to people with money.

“We would be the last [group] to be helped.” (Participant from 36-54 year old Spanish-speaking group)

“I want to know that when there's an American and a Hispanic at the hospital, that they won't push the Hispanic aside to attend to the American.” (Participant from 36-54 year old Spanish-speaking group)

“God forbid [something were to] happen, there are certain people that are going to be taken care of. It wouldn't even get to regular, everyday people. So they will be the one with the mask. They will be the ones that get to fallout shelters and then you talk about the regular people. Just like the 9/11, they knew where our President was but they didn't know the airplanes were coming in. So it is like all different stages of the information that you are speaking of. There are certain people that have the answers to that but it would never get down to like regular people.” (Participant from African American Group)

Spanish-speaking participants specifically want to know whether interpreters would be available at hospitals during an attack. Other participants want to know what research is being done to keep the state knowledgeable about bioterrorist threats, and whether there will be enough vaccines for the general public in the event of an attack.

Several participants said that while they want to know about the state's plans, they do not want to know the details. They feel that too much information could unintentionally equip terrorists for an attack.

“I would like to know at least an operating plan of just what areas they are going to look for and take care of and I don't want to know the details because then unfortunately the opponent knows the details.”

"I think the least information from the media the better because the terrorists are watching the news, too."

A handful of participants in the 18-34 year age range said that the state is too corrupt and disorganized to do anything, and they would prefer not to know anything about what the state is doing.

Information about bioterrorism before an emergency

All participants said they want information on possible public health emergencies now, before a specific threat. But participants across all age groups and locations were divided on the type and amount of information with which they felt comfortable. On one hand, some participants felt that detailed information about bioterrorism would cause public alarm: *"If they give us too much [information] they could scare you too."*

On the other hand, many participants want to have enough information to be personally prepared to deal with a bioterrorist emergency and to prevent chaos: *"Having knowledge is power."* The following exchange illustrates this debate:

Person 1: "I think that's why [the state doesn't] say all of these things... Because they don't want to put people into panic."

Person 2: "But in not telling us things they're making us feel better? I don't think so."

Many participants acknowledged that detailed information about bioterrorism could be alarming, but they want some basic information about preparing for an emergency.

"I would feel more nervous. I feel nervous talking about this, nervous but reassured. Definitely more relieved that I know at least there is stuff being taken, there was something I can for myself."

"I think ... we should get as much information as we need and be able to get prepared for it, but to flood the media like what we've done in the past is foolish and creates a lot of tense people."

"I don't think you need nitty, gritty details. You need how to save yourself."

These participants want to know what they can do in the event of an emergency.

"I would like to know everything that they know. Nobody is going to tell you exactly how you are going to live through something like this but at least give you the pertinent information that you do know to give you a better chance."

"Because if there is a public health emergency, the chances are phone lines are going to be tied up, hospitals, the lines are going to be out the door. I'd like to know what I can do to help myself before, you know?"

One participant stated that: *“You can prevent bad things from happening if you know about them.”*

A few said that they do not want any information if there is nothing they can do.

“I don't think I would want to know if there is nothing I could do about it. In other words if they are not going to give me something, then what is the point of knowing it and worrying about it when there is nothing you can do about it?”

Many participants felt that despite being alarmed by information on bioterrorism, *“You can't put your head in the sand,” “You can't hide,”* and *“We can't wait until the last minute.”* Some said they want to have access to as much information as possible.

“I wouldn't want [the state] covering up things they wouldn't want me to know. I would want to know it all.”

Several participants agreed that having information about bioterrorism wouldn't cause excessive worry, or stop them from continuing with their lives.

“You know we are fairly intelligent, adult, human beings and we are scared for what happened on 9/11. We are scared about what is happening out in the D.C. area but we still don't hide. We still do our everyday thing. Of course we are all scared but we are not scared to the point that we stop doing what we're doing.”

Some said that the state should not release “secrets” about bioterrorism and it should avoid revealing strategic information. Some also felt that information about bioterrorism should not be “on all the time” to avoid public panic. Many said that having information about bioterrorism before an emergency would help them feel secure, even if there “isn't much to be done.”

Almost all participants want information about **where to go and what to do** in the event of an emergency. Some requested a checklist of what to do, what to have, and where to go in the event of an attack. Many want clear, detailed recommendations, instructions and supplies to have on hand “like a first aid kit.” Several wondered about whether to have a gas mask, and others said that a mask would be useless unless it was worn all the time.

Many participants want to have information about **specific bioterrorism agents**, including symptoms to look for, incubation periods, severity and treatment or vaccine availability. Others felt that there would be too many agents – and scenarios – to address individually.

“They might be spinning their wheels... There are just probably so many of them. You can't go through each one.”

“The only thing that we've really heard about is smallpox, nerve gas and Anthrax. We keep talking about chemicals. What other chemicals? Those are the only three that I've heard of so are there more? So you say how would they respond? What kind of

information are they looking for? I don't know. What threats are there? It might be impossible for them to get information out to us if it's on a spectrum like this. How could they possibly get pertinent information out to us?"

Many participants in the 55+ age group said they want to know the location of the nearest shelter. Others in this age group pointed out that in a bioterrorist emergency, shelters may be useless. The 35-54 age group also wants to know about shelters, but acknowledged that a bioterrorist emergency could evolve over a long period of time. One 35-54 age group participant noted:

"I just want to know how long would you have to stay enclosed in like a shelter. If you're going to have to stay there for years and years and years, just take a walk outside and end it right there."

A few mentioned wanting information on how to help children and the disabled, how to get medical attention quickly, and the likelihood of an attack. Almost all agreed that they did not want information on the history of bioterrorism in Rhode Island or the U.S.

Information about bioterrorism during and after an emergency

All participants want to know **what to do and where to go** during a bioterrorist emergency.

Participants also want to know:

- What the symptoms of any bioterrorist agents are
- How the agent is transmitted
- How serious it is
- What the incubation period for the agent is
- What the stages of development are
- What the scope of the attack is
- If there is going to be a follow-up attack
- Where the agent is spreading
- How fast the agent is spreading
- Who is at risk
- Can people be treated
- Who will be treated first
- If people can be vaccinated
- Who will receive vaccinations
- Where people will be treated or vaccinated
- How to protect myself and my family

Several participants were worried about widespread panic during an emergency; they would want information to prevent chaos.

“Because what is going to happen, everyone is going to panic. Everybody is going to the police station, to the hospital, to the bus station. So that is already going to be a disaster. So the information would like try to slow people down from going.”

A few wondered about the possibility of widespread fatalities and how the state would protect the healthy public.

“I would want to know if, if there were any healthy beings left, what would be the procedure to dispose of the dead bodies that would cause more disease and more problems for us.”

HOW RHODE ISLAND RESIDENTS WANT TO GET INFORMATION ABOUT BIOTERRORISM AND BIOTERRORISM PREPAREDNESS

Focus group participants want to learn about bioterrorism through a **variety of media**. In general, participants want to hear the information from **government spokespeople at federal, state and local levels; television and radio personalities; and printed materials or the Internet**. Participants do not want to hear about bioterrorism from their medical providers. Except for the African American group, participants also do not want to hear about bioterrorism from religious or other community leaders.

How residents want to learn about bioterrorism before an emergency

Government sources

Participants were divided across all groups about whether they trust politicians or government officials to deliver bioterrorism information. Many participants said they would trust information about bioterrorism coming from either the Rhode Island Department of Health or the Centers for Disease Control (CDC).

“[HEALTH] would kind of know, I would just think because of the various things that they--they must have privy to information more than we even know.”

Several participants thought that elected officials would try to “play politics” and they would prefer to hear information from a non-elected official.

“I'm saying that I wouldn't put [politicians] past trying to cover things up in order to avoid a panic, or maybe they're less informed themselves and they want to come across as knowing it all. So I'm not saying I would totally distrust them, to answer your question, I would want to hear from health professionals first. And I would believe them before I would believe an elected official.”

Others thought that elected officials would be able to put politics aside when discussing a potential bioterrorist emergency.

“That's the time when some politicians become human, in a disaster.”

“Yes, but you know too, they are people, the governors and them mayors, they're trying to help too.”

“I think in that time that people come together and try to put the politics aside, and look at the leadership that we have, and hope that--Look at Guillian for example, and the fantastic job he did in New York. I love the guy now. He's a politician. In a time of crisis, he reassured a lot of people.”

Several want to hear directly from the Governor: *“He is in charge of the whole state. He is the man and the buck stops at his desk.”* Others want to hear from the President, mayor, National Guard, or a Rhode Island Department of Health “spokesperson.” A few said they would trust Patricia Nolan to deliver bioterrorism information. Several mentioned wanting to hear from an “authority” or military official.

“If someone has been in the military, they served for their country, I don't think they're going to try to lie to their country in return, because they fought for their country.”

Many said they do not trust the government to give timely, truthful information. One said, *“I think the government is in the business of hushing things up.”* A Spanish-speaking participant commented that, *“I don't trust the government. If someone had smallpox, they would keep it hush-hush until many die.”* Others said they specifically do not trust the governor, mayor, or any branch of the military.

Television and radio

Almost all participants said they want to hear information via television and radio. One commented, *“I think anything that's like mass media, like television, radio.”* Participants recommended using regular news programming, special health segments, and CNN to deliver bioterrorism information.

Participants were also mixed about whether they trust media personalities to deliver bioterrorism information. On one hand, some participants felt that news personalities would only be conduits for bioterrorism information, having gotten information from “official” sources.

“What to do in case of an attack would be probably the media, because they could get it to you by television, radio, newspaper, that you know what to do. Again, they would have the information, but it would be given to them probably by the Department of Health.”

“A news anchor only knows what he or she is reading.”

“I think [news anchors are] a good source, but yet they only go by what they're told through the state's politicians, medical field, this, and that.”

Even worse, some felt that news anchors “chase ratings” by purposefully giving inaccurate information to get higher ratings. One Spanish-speaking participant said, *“They'll say anything to get money.”*

Conversely, many participants mentioned television and radio stations as trusted sources of information.

“Most of us are so used to our news people.”

“I would trust the people on the news with everything they say.”

“I would believe if the news anchor came on the television and said you should do something, then I would believe them.”

Trusted media outlets mentioned by name included:	
<p><u>English</u></p> <ul style="list-style-type: none"> • Bill O'Reilly (CNN) • Howard Stern (radio) • BZ radio • 1010 winz • Television channels that carry major news programs (e.g. 2, 5, 6, 10, 12) 	<p><u>Spanish</u></p> <ul style="list-style-type: none"> • Poder 1110 AM • 92 PRO FM • 106 FM • B 101 FM • MTV • HBO • Cinemax • Showtime • BET • Television channels that carry major news programs (e.g. 6, 10, 12, CNN)

On the Internet

More than other groups, the 18-34 age group discussed presenting information on the Internet. Many in this age group agreed that they would seek information online. One said, *"I think the Internet is a big thing."* Some, across all groups, said they would seek information through a variety of websites, including www.msn.com, www.yahoo.com and HEALTH's website. A few pointed out that if HEALTH presents bioterrorism information on its website, they would have to advertise that fact through other media.

While some participants in the 35-54 age group said they want information from the Internet, a few expressed concern about the security of web sites: *"Any web site that somebody could get into and change around the information."* Some, however, felt comfortable with the security of the information from government sites such as FEMA or HEALTH. A few in this age group, and the majority of the 55+ age group, did not want to get information from the Internet: *"I don't go on the Internet. I am a little pre-historic."*

In Print

Many want printed material mailed to their home, or available in supermarkets or pharmacies. Participants said they want printed materials so that they can refer to the information during an emergency. Some suggested developing an illustrated chart, brochure, or a booklet.

"I [want] a pamphlet or brochure that I can take, read, stick somewhere. If I ever need to get it out again..."

"I like the idea of the chart... If they're going to mail something, it's kind of like the Heimlich charts on the back of the wall. If I saw someone choking in a restaurant, I would run and look for that chart just to make sure."

“Maybe some kind of booklet listing different types of biological agents so if they said such and such is going on, you could look through it and find out what would be happening.”

Participants also want written information on what the state is doing to prepare for a bioterrorist emergency.

“...It might not be a bad idea if the state did put out a pamphlet of sorts, and let the public know that in some way that we are working on certain plans in case of certain disasters or whatever. I think it would probably make the public feel more comfortable, without being specific as to what the plans are, like you're asking where do we go or what do we do? It might give you a different comfort level knowing that the plan has, the state has a plan for a terrorist attack.”

Many participants, particularly those in the 55+ age groups, said they want to see something in their local newspaper, either as an insert or an article.

Other Sources

Some participants in the 35-54 age group mentioned **schools** as a preferred vehicle for bioterrorism information. Since many in this age group have school-aged children, they already receive health-related information through the schools.

“Because my kids are in school, I have access to information, and having forums like this at the high schools, inviting the public information education just by advertising in newspapers and community centers, you can educate the community that way.”

In addition to television, radio and print distribution, participants in the 55+ age group said they want information from **word-of-mouth, neighborhood watches, door-to-door visits, and community meetings**. One stated, *“Maybe they have to go back to some of those older methods... we are advanced in technology, but those things may not work.”*

Most Spanish speaking participants said they want to get information on bioterrorism on television, radio and in print. However, one Spanish-speaking participant said that, *“Media makes things more scary...written information is less scary.”* In addition, some Spanish-speaking participants said they would trust **celebrities** more than government or elected officials. One wanted to hear from *“rappers and famous people,”* noting that *“I trust them more than I do my parents.”* Several Spanish-speaking participants agreed with this statement.

Less frequent suggestions for disseminating bioterrorism information included:

- With the utility bills
- Educational CDs
- Internet advertisements
- Voluntary classes
- Rock concerts (Spanish-speaking participants)
- Soup kitchens
- Doctor's offices

- Red Cross

Medical providers

Participants almost unanimously reported a lack of trust in their own medical providers to provide information on bioterrorism. Almost all said that doctors are too busy and uneducated about bioterrorism to be able to provide accurate diagnosis and treatment for potential bioterrorism agents.

“They get so busy. They are always overbooked, the doctors. They have four and five people waiting all at the same time. The hospitals are over-full. So they may overlook a thing or two because they are just used to that and they are not thinking it could be anything so bad.”

“Whether the doctor is good or not, they don't have the experience or the background in a lot of these things, just because they've never had to deal with them before.”

“The first thing a doctor asks you is what's wrong. I mean not disrespectful to a doctor, they don't know any more than anyone else and there is a lot of risk in it.”

Others felt that doctors frequently misdiagnose diseases, and bioterrorism wouldn't be any different: *“Because they misdiagnose things all of the time, and they do the best they can.”* Another commented, *“And every other day they flip flop. It's this, and then no, no, it's not this, it's that.”* One participant stated, *“I really don't think [doctors] have the confidence in themselves.”*

Some participants felt that doctors would be very capable once an agent has been identified in an area. But without other cases, and an alert patient, participants felt doctors may not be able to identify bioterrorism.

“I think doctors on a whole need to hear from their patients anyway. If I went in there not feeling well, and I thought that I may have been exposed, I would say “I think I was exposed.” So at that point he would be very capable. But if he had to guess, unless if I was his first patient, who knows? The symptoms could be masked as anything.”

“Smallpox I think maybe you'd have a chance. Anything really foreign I think they'd be guessing, like they do with Lupus or anything else. It's just a guess.”

A few said that they only visit their doctors once a year; a few mentioned that doctors rarely get involved until a patient is hospitalized. These participants felt that doctors would not be an effective resource for educating the public nor preventing an epidemic. A handful of participants said they did not have a doctor.

Religious leaders

The African American group said they would want a religious leader to give them information on bioterrorism. One participant in the African American group said, *“I trust my pastor.”* All other groups said they would **not turn to a religious leader** for bioterrorism information. One

participant said, *“I don't think they could save you or tell you what to do like somebody from the Health Department could.”*

How residents want to learn about bioterrorism during and after an emergency

Almost all focus group participants said that television and radio are the best ways to reach them in the event of a bioterrorist emergency. Many said that in the event of a real emergency, all media outlets would be carrying the information: *“I would imagine in a situation like that, every mass media would be covering it as far as every news show, every radio, every Internet [site].”*

Many participants, particularly in the older groups, said that in addition to using mass media the state should consider using sirens or mega-phones attached to police cars to deliver information in an emergency. Some in the older groups agreed that there should be some sort of “civil defense” system in place, as there was during World War II and the Cold War.

“[It is] sort of like a good idea to have the sirens or something like that, because a lot of people might be at work and not watching television ...so people would know to drop what they were doing and go somewhere, do something.”

A few pointed out that in a bioterrorist emergency, the public would need information and not sirens or alarms. One participant in the 55+ age group commented, *“Well a siren is going to tell you that there is an emergency but it is not going to tell you what to do.”* Several mentioned using the emergency broadcast system, though some disagreed because they change the channel when it comes on.

Less frequently mentioned means of disseminating information in an emergency included:

- Electronic highway signs
- Flyers from a plane
- Hotline number
- Skywriting
- Door-to-door neighborhood team
- Police and firefighters
- Email

When asked whom they want to see on the television screen during a bioterrorist emergency, all agreed that they want to see an “official.” Many participants said they want to see the President, Rhode Island’s Governor or military official.

“We look to the President. When something happens, everybody looks to the President because we know he delivers the information.”

“I would just flip right through it. Unless I see the president with a microphone, or someone with a big military cap on or something, I'm not going to stop. I'm going to keep flipping the station.”

“The Governor of the state of Rhode Island is our most believable person. He is the one at the helm, so naturally the Governor.”

Many other participants said they want to hear from a “senior health official.” Many had trouble naming a public health professional. A few said that they would trust Patricia Nolan.

“But I think who presents the emergency has to do with how serious people are going to take it. Like I know that me, I wouldn't take it seriously... Because who is the public health director? What is their job?”

Other trusted health sources during an emergency were the CDC, the Surgeon General, the Red Cross, and a HEALTH spokesperson.

Some said they want to hear from a health professional but prefer to see a familiar face. Others said they want to hear from a “nerdy expert” who knows everything about bioterrorism even if he/she isn't a good spokesperson. One participant wants to hear from *“someone who when their name comes up, underneath it says bioterrorism or bio, someone who really studies this, knows what they are talking about.”*

Some said they want to hear from members of the general public because “the average person” wouldn't lie or distort information. Some said they would trust police and fire departments for this reason: *“Firemen or police, as a matter of fact, as well as it affects us it affects them because they normally live in the cities that they serve so it affects them like it affects us.”*

Some said they would listen to anyone as long as they were informed. One participant wants to hear from *“Anyone that is knowledgeable.”* Another commented that, *“We want them to sound fully informed.”*

Again, participants were divided on whether they would trust information from a media source. Some said they would believe news anchors; others said they want to know where the information is coming from.

Bioterrorism in another state

When asked what they want to know during a bioterrorist emergency in another state, the majority of participants said they want to know **what happened, and what is the risk to their family.**

“Is it a threat to me and my loved ones? I guess that would be first. You know, you'd have high hopes for everybody else, but when it comes right down to it, you'd be grabbing for your loved ones.”

In addition, participants want to know:

- Will the hazardous agent reach RI
- How is the agent transmitted
- Which way is the wind blowing (for airborne diseases)
- What is RI doing to protect residents
- How can we protect ourselves
- What else should we do
- How is the other state(s) dealing with the event
- How are the affected being helped
- How can we help them

WHERE RHODE ISLAND RESIDENTS GOT THEIR INFORMATION DURING PREVIOUS PUBLIC HEALTH EMERGENCIES

Focus group participants were asked about:

- 1) The information they received during the anthrax scares; and
- 2) Information they received during previous public health emergencies in Rhode Island.

During the anthrax scares and previous public health emergencies in Rhode Island, focus group participants got their information from mass media channels. Most felt the media communicated effectively about protective measures. There were mixed perceptions about the reliability of the information received during the anthrax scares – some participants felt it was rushed and inconsistent, while others found it acceptable. Most participants were nervous about the mail during the anthrax scares but they did not actively take protective measures. Many participants did, however, take the recommended protective measures during previous public health emergencies (e.g., Meningitis and West Nile Virus) in Rhode Island.

Information during the Anthrax scares

When asked where they got information about the recent anthrax scares, all participants mentioned television news. Many participants said they got information from the newspaper, and some said they learned about the scares on the radio. A few said they sought information on the Internet.

“The media. The media gave us all the information. We didn't know anything else.”

“I got most of mine from the radio. At that point I was listening to the radio at work.”

In addition to television, newspaper, radio, and internet some participants in the age range of 18-35 heard about the scares by other means such as an announcement from the President of their University, church (Spanish-speaking group), and the post office (Spanish-speaking group).

“The president of the university sent out a university-wide e-mail and said this is what's going on. I mean, besides the news, that's what I read is the e-mail from him about is there an anthrax scare on our campus as well. He said this is a threat; this is what you should do.”

Effectiveness of information communicated during the anthrax scares

When asked about the **effectiveness** of the information received during the anthrax scares, most participants said they thought the media effectively communicated messages about how to detect and handle suspicious packages.

“Some of the precautions about going to your mailbox to let you know you can't just, you have to think about it before you open a certain package and if you see white powder, then you should go see a doctor and take precautions you need to take.”

“Their campaign after the fact I thought was good. Like if you go into the post office now they ... show you different posters, different letters you have to be careful of and things like that.”

Many participants reported that the media was effective at communicating the symptoms, transmission and treatment of anthrax. Some commented that the volume of the information itself was effective.

“I thought it was effective in the sense they told you point blank you can't catch it from anybody else, so don't be afraid.”

“I felt the media did a really great job at presenting the anthrax and how it got here and how it spread. They even showed a petri dish with some anthrax. They even showed it locally, how fast it moved and the stuff was dividing so fast ...”

“The saturation on the television made it very imminent that it was happening, and kept you alert up to red status or whatever. So yes, they really, they fed it to us in a very grand amount.”

When asked what was **ineffective** about the information communicated to the public during the anthrax scares, most participants reiterated that the information was mostly effective. However, many commented on the lack of timeliness, quantity, and consistency of the information. Some said the information was reported too slowly. Others felt the information was delivered too quickly, causing inconsistencies in reports within and across networks.

“But they should have [told us more]. They should have but they didn't.... We weren't educated enough and that is the bottom line.”

“It got confusing though if you watched a lot of different news channels and they were sensationalizing. If you watched one it says there's a new one, and if you watch a different one it's another one. You don't know how many they're actually. They're all at different stages of knowledge.”

“[They should] get all their information and facts about the certain issue before they present it to the public, so you're covered with every possible.”

“What happens is you get the news channels, channel 11 wants to be there before channel 6 and so they all start hooting and hollering and... Somebody got an anthrax letter. But that's all we have for now.”

A few said they became bored and overwhelmed with the large amount of available information, and they became frustrated with the unnecessary worry caused by exaggerated or incorrect information.

“I sometimes feel they give you too much information too fast, and although some of it turned out to be true, a lot of it doesn't, and you do a lot of unnecessary worrying about things that are not what they seem to be.”

“And after a while I know myself personally, after hearing that for so long I just tune it right out. I'm like all right, forget it. One minute you're worried and then it's fine and after awhile you say forget it, I'm not even going to listen any more.”

When asked how often participants sought updated information during the anthrax scares, most said they turned on the television news or checked the newspaper at least once a day. Many sought information more than once a day.

Reliability of the information received during the anthrax scares

Many participants felt that the information received during the anthrax scares was **unreliable** because:

- It was released before its accuracy was verified;
- There were inconsistencies in the information being reported from different sources

“No, they give it to you too fast before they can review it to see how accurate it is. Like everyone is so excited, even the news people, that they let too much information out too quickly and then some of it wasn't accurate.”

“It was all too rushed.”

“The information didn't always match up.”

“It was kind of new. I don't know if they were telling the truth or not.”

Some participants felt that the information was **reliable** because:

- It was presented by government officials: “Yes, they had experts and they had their logos that looked kind of official.”
- Sources were doing the best they could with giving out the information as they received it: “You just have to believe what they're telling you.”

How information about the anthrax scares made people feel

Most participants felt worried, nervous about their mail, or scared when they heard about the anthrax scares.

“I was paranoid about opening my mail.”

“It scared the crap out of me. That guy died like two hours after he got it. That's scary.”

“Going home, just checking my mailbox, I was afraid to put my hand in the mailbox.”

Some participants reported feeling:

- Prepared to deal with their mail
- Angry at the terrorists
- Like a victim, threatened
- Frustrated that the news sources were giving out too much information
- Saddened for those who were targeted with the Anthrax mailings

“I felt, personally I felt very, very sad for the people who did survive and are living in constant pain now, through no fault of their own. There were eight people that survived.”

“I hate situations where I don't have control over it, and I hate to feel I am a victim, and I think anger was the first thing that entered my mind.”

“...too much information being given out: It gives people ideas. I think a lot of that stuff gives people ideas.”

“I was worried about the fine line of making it interesting for someone else to do it again, to do it as a copy cat ...and too much information for the terrorists.”

Some participants (mostly those in the 18-35 age group) reported not feeling any specific way. They said they didn't really think about it.

“I didn't think it was a big deal.” (18-35 age group)

“I think my mother was like more scared. She was one with CNN on constantly getting updates and stuff like that. People like my age don't really consider it as much. When you get to be older. [How old are you?] Twenty-five. Like people like my mother, she's in her forties, so people it seems like that age bracket it seems like people are more concerned about those types of things. We're still concerned too, they're even more concerned than we are.” (18-35 age group)

“I wasn't scared at all. I knew exactly what to do if I got something that might have been contaminated.” (18-35 age group)

Previous public health emergencies in Rhode Island

When asked about previous public health emergencies that have occurred in Rhode Island, most participants mentioned the Meningitis and West Nile Virus (WNV) outbreaks. Participants in

the over 55-age group also mentioned the flu, polio from the 1950's, and Lyme disease. Some participants mentioned the blizzard of 1978.

All participants reported having learned about previous public health emergencies in Rhode Island from the television news. Many reported having learned about the emergencies from the radio, and a few from reading the newspaper. A couple of participants mentioned learning about Meningitis from a personal experience.

When asked about how they reacted to the information they heard about previous public health emergencies, most participants said they did not panic, but paid attention to the instructions given (e.g., get vaccinated for meningitis; personal protective measures for WNV).

"I don't remember being that overly worried. I remember with the meningitis, okay, what do we need to do? Get a shot, okay, we'll get it. And beyond that..."

"Like she said, like the shots. I just made sure my kids had the proper clothing and the mosquito stuff."

"I learned the symptoms from that meningitis scare. Yes, because I have a child so I wanted to make sure I knew. Because I know you have to get that in the early stage, or it causes brain damage or you die."

Some participants reported feeling worried for their children or scared when they heard about these emergencies.

"I was more concerned with West Nile than with Anthrax. I don't feel like I'm a target for Anthrax, where anybody with such a random thing as mosquitoes."

WHAT MAKES PEOPLE TRUST A SPOKESPERSON

When participants were asked what makes them trust a spokesperson, they overwhelmingly responded with:

- Credibility
- Expertise
- Track record
- Familiarity
- Appearance of not reading from a script

“When they have facts to back up what they're talking about and to prove to you that it actually occurred and things like that that's what makes it really realize that they're not lying to you.”

“How much knowledge it seems when they're presenting you with the information, how much they know about the information they're giving you. Are they just reading it from a script or do they know it.”

“If they are coming from the Health Department, they obviously are educated in medical information, so that would make me trust them.”

Participants from the 18-35 age group reported trusting celebrities that they listen to every day.

“He doesn't BS you Howard Stern...No he doesn't...He's very smart...He says how it is. That's what I like about him. Like when September 11 was going on--The reason why I like him is because he's real. Exactly. He is just like all of us. Like he says a lot of what we're thinking, he just has the balls to say it, you know what I mean? Like the September 11 thing, he was like oh my God. A plane just crashed in. A lot of the stuff he says. He was like ‘Those damn terrorists’ and stuff like that.”

“Being that I'm young and the entertainment business definitely influences me, I'd like to see like, like a ghetto person talk about... oh you know this is going to happen to you if you don't do this... blah, blah, blah... I'd pay attention to what they say more than I would my parents telling me something.”

Participants said they do not trust a spokesperson when the person lacks credibility, is reading from a script, cannot answer questions, when they talk too fast, and when they contradict themselves.

“Just like I said before, about FOX using Mark Furman. Okay, he was a cop with [the] LAPD ..., he screwed up all the evidence, all the information, and was branded a racist. Everything he said I just laughed at and listened to the different news station to say something different.”

“If they’ve been caught in lies before. Everything that came out of Clinton’s mouth after the whole Lewinsky thing.”

WHAT PEOPLE ARE WILLING TO DO DURING A PUBLIC HEALTH EMERGENCY IF REQUESTED BY THE STATE

Focus group participants were asked, “During a public health emergency, the state might ask the public to do certain things to lower the risks of the public being harmed. What kinds of things would you agree to do during an emergency if requested by the state?”

Almost all participants said they would comply with “reasonable” requests. One participant said, *“I think basically, I think most people would do whatever we really have to.”* Most participants said that their actions would depend on the situation and their perceived level of individual risk. Before they did anything requested by the state, participants wanted an explanation as to why the state was requesting certain actions. Once participants understood why certain actions would protect their health and the health of their families, they would agree to do the following:

- Stay off the road (unless they needed to reach a loved one)
- Stay indoors
- Evacuate to a safe place
- Stay off the phone (unless they need to use it for an emergency or to reach a loved one)
- Get vaccinated
- Not go to the hospital if they were sick (only if there were an alternative place for them to get care)

“If you said to me stay off the highway and you have to do this and you have to do this and you have to do this, you have to tell me why I have to do these things. You just can't tell me da, da, da, da, da. I want to know why. And if I know why, I will be more open to it, more accepting of it.”

“I would like to believe the state has my best interests--Don't get me wrong. I don't think the state would tell me to stay home so I could purposely die of some nerve agent. But if it was like mandatory to stay home, but if I saw something going on, I would leave.”

“It would really depend on how serious it seemed and what it was.”

“I would definitely use the phone. If you tell me not to use the phone, I'll use the cell phone.”

The majority of participants, however, would not agree to stay away from their loved ones if asked. Participants with children reported that if they were asked not to drive or not to pick their kids up at school, they would do so anyway. Even if participants were told that their children might be safer in school, they still said they would go to them. Only a couple of participants agreed to leave their kids at school only if they were completely convinced that the kids were safer there.

“[Regarding going after a loved one]: I would attempt to get as far as I can and then if it is going to kill him or kill me, I would turn around.”

“You want to be with the people who are close to you. I’d leave and go to my family. I’d drive if I had to.”

“[Regarding not seeing children]: That is a difficult thing. I am sick in my stomach right now at the thought of it.”

“I don’t care what my instructions were I would go get my kids or go wherever they are. They would have to physically stop me.”

“Yes. If the National Guard was at my door, I would go right past them to get my child.”

“If I knew the school had a plan, I’d want to know what that plan is. I might not run to the school to get her, but it would be very difficult for me not to.”

RECOMMENDATIONS

Findings from focus groups indicate there are public information needs about bioterrorism that HEALTH should consider to effectively communicate with Rhode Island residents before and during a bioterrorist emergency. Key issues to address include:

Public education about bioterrorism and bioterrorism preparedness. PSI recommends that HEALTH consider developing materials addressing the public's desire for basic information. A secondary goal of the public information campaign would be increasing the public's understanding and trust in Rhode Island's public health infrastructure.

1. *Increase the public's understanding of a bioterrorist event* as a crisis that could involve a great deal of 'unknown' over a prolonged period of time. There are clear information needs to help the public, particularly older residents, distinguish between a biological, chemical and nuclear attack.
2. *Develop information about what HEALTH is doing to prepare for bioterrorism*, including an introduction to the preparedness work that states are doing around the country. In addition, HEALTH could provide an overview of Rhode Island hospital and medical provider preparedness, the state's vaccine situation, early detection systems, and basic roles and responsibilities of HEALTH and other state departments. Special emphasis should be placed on the goal of equal access to medical care during a bioterrorist event regardless of race, language issues or ability to pay.
3. *Develop information about what the public can do to prepare for a bioterrorist emergency.* HEALTH might want to recommend that families approach bioterrorism preparedness like any other emergency, gathering basic supplies such as water and a first aid kit. Stress that individual actions in a bioterrorist emergency will depend on the specifics of the situation; recommended actions may also depend on an individual's location, job, and activities. Therefore it is impossible to outline safe places or courses of action ahead of time. However, the public should be informed about where to get such information during an emergency, and know that HEALTH is the most appropriate source of information.

Format and distribution of public education materials. During a bioterrorist emergency, it is clear that mass media is the most appropriate vehicle for disseminating information quickly to the public. However, it is not clear that television and radio are the most appropriate media for delivering messages about bioterrorism preparedness *before* an emergency. While television and radio might be used to promote messages about Rhode Island public health preparedness, it is clear from the focus groups that many people want to have something "to refer to" in the event of a bioterrorist emergency. HEALTH may want to consider delivering print materials directly to each household. Alternatively, print materials can be available to the public through newspaper inserts, supermarkets, pharmacies, and on HEALTH's website.

Delivering consistent messages through the media. Rhode Island residents have experienced television, radio and newspaper reporting on past public health emergencies as sometimes conflicting and uninformative. In an emergency, inconsistent messages from the media could

exacerbate public panic or misinform the public about appropriate containment and prevention measures. For these reasons, PSI recommends that HEALTH begin to develop a relationship with local and regional media outlets. The goal of reaching out to Rhode Island media is to ensure that during a bioterrorist (or other public health) emergency, the public is getting consistent, up-to-date messages. HEALTH might approach the media as a partner in educating the public, preventing public panic, and maximizing the state's response to a bioterrorist event.

